

Texas

Data as of February 2004

Mental Health and Substance Abuse Services in the Texas Medicaid Program and the Children's Health Insurance Program

As of July 2003, 2,997,272 people were covered under the Texas Medicaid program and the Children's Health Insurance Program (CHIP). There were 2,488,090 enrolled in the Medicaid program, and 509,182 enrolled in the separate CHIP program. In federal fiscal year 2003, Texas spent about \$15.4 billion to provide Medicaid services.

In Texas, eligible low-income children are enrolled into the Medicaid program or a separate CHIP program based on the child's age and their family's income.

Texas delivers mental health and substance abuse services through several delivery systems. The delivery system depends on the beneficiary's residence and their eligibility category. Specifically, Texas Medicaid:

- Requires most beneficiaries who live in the Dallas area to obtain mental health and substance abuse services from a managed care organization (MCO) that delivers only mental health and substance abuse services through a federal waiver program called NorthSTAR.¹
 - Low-income families and children in the Dallas area are also required to receive physical health care from a managed care system. They may choose between comprehensive MCOs and a Primary Care Case Management (PCCM) program.
 - People with disabilities may choose to receive their physical health care through a managed care program or through fee-for-service, but are automatically enrolled in NorthSTAR.
- Requires low-income families and children in eight service delivery areas of the State to enroll into managed care. These groups have two managed care options.
 - A comprehensive MCO that delivers a limited package of mental health and substance abuse services; and
 - A Primary Care Case Management (PCCM) program that offers a self-referral process for mental health services.
- Beneficiaries who do not live in Medicaid Managed Care service delivery areas receive mental health and substance abuse services from the fee-for-service system.

¹NorthSTAR and its relationship to Medicare: NorthSTAR enrollees that have Medicare (part A or B) must access the benefits available under Medicare first. If the service sought by the enrollee is not available under Medicare, then NorthSTAR benefits can be accessed. Medicaid Qualified Medicare Beneficiaries and Qualified Medicare Beneficiaries (MQMB and QMB) coinsurance and deductibles are paid by the Texas Medicaid Program.

Texas

Data as of February 2004

As of February 2004, there were 2,300,562 Medicaid beneficiaries in the Medicaid program of which 1,067,318 were enrolled into Medicaid Managed Care:

- 730,998 in comprehensive Managed Care Organizations
- 336,320 in the PCCM program, and
- 232,210 in the NorthSTAR.¹

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children that qualify for the State's Temporary Assistance for Needy Families (TANF) Program,
2. TANF recipients who are employed or whose time limit has expired MAY qualify.
3. Adult Pregnant women with income of 158% FPL.
4. Newborns up to age 1 and pregnant teens (under age 19) with incomes of 185% FPL or less.
5. Children age 1-5 from families with incomes of 133% FPL or less.
6. Children age 6-18 from families with incomes of 100% FPL or less.
7. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act MAY qualify.

Aged, Blind, and Disabled

1. Individuals receiving SSI or Texas' supplementary payment.
2. Aged, Blind, and Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
3. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs, reside in a nursing facility, or reside in an ICF-MR.
4. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.
5. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI payment.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to reduce their income to the medically needy limit, which is about 24% FPL.

1. Pregnant women
2. Children under age 19

Waiver Populations

1. Texas does not have an 1115 waiver.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

The information presented in the tables below, identify the types of services the Texas Medicaid Program covers and the coverage requirements for mental health and/or substance abuse services.

¹ This is the Medicaid portion of NorthSTAR (NS) only, the remaining persons enrolled in NS are not concurrently enrolled in Medicaid

Texas

Data as of February 2004

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services	Inpatient Hospitalization for substance abuse/chemical dependency with accompanying medical condition.	All non-emergency admissions must be approved by the Medicaid agency's designated agent. Inpatient psych services are only mandatory if they are provided within a general acute care hospital. Medicaid does not pay for services in an Institute for Mental Disease for adults (21-64).

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Psychiatric and Substance Abuse Care	Substance abuse and mental health services that would be covered if provided in another setting may be provided in an outpatient hospital setting.	Mental health and substance abuse services provided in an outpatient hospital must meet the same requirements as those provided in another setting.
Rural Health Centers (RHCs)	Substance abuse and mental health services that would be covered if provided in another setting may be provided in an RHC.	<ul style="list-style-type: none"> Mental health and substance abuse services provided in an RHC must meet the same requirements as those provided in another setting The service must be within the practitioner's scope of practice as defined in State law.
Federally Qualified Health Centers (FQHCs)	<ul style="list-style-type: none"> Substance abuse and mental health services that would be covered if provided in another setting may be provided in an FQHC. Specific services may include: <ul style="list-style-type: none"> clinical psychologist services, clinical social worker services 	<ul style="list-style-type: none"> Mental health and substance abuse services provided in an FQHC must meet the same requirements as those provided in another setting The service must be within the practitioner's scope of practice as defined in State law

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Physician's may provide substance abuse and mental health services that would be covered if provided in another setting.	<ul style="list-style-type: none"> Mental health and substance abuse services provided by a physician must meet the same requirements as those provided in another setting The service must be within the physician's scope of practice as defined in State law Outpatient mental health services are limited per client to 30 encounters per calendar year regardless of provider unless prior authorization. This limitation includes encounters by all practitioners. Exception: laboratory, radiology, and medication monitoring services are not counted toward the 30-encounter limitation.

Texas

Data as of February 2004

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
EPSDT Developmental Rehabilitation Services	<ul style="list-style-type: none"> Diagnostic, evaluative and consultative services to <ul style="list-style-type: none"> identify or determine the nature and extent of, and rehabilitate an individual's medical or other health-related condition, including a mental disability or developmental delay. Services may include: <ul style="list-style-type: none"> Developmentally appropriate individualized skills training and support; Assisting caregivers to identify and use opportunities to incorporate therapeutic intervention strategies into daily life activities; and Monitoring of the child's acquisition and mastery of functional skills to reduce or overcome limitations resulting from disabilities or developmental delays. 	<ul style="list-style-type: none"> Services are only available to beneficiaries <ul style="list-style-type: none"> under 21 years of age, who do not have a diagnosis of Mental Retardation or Developmental Disability The service must be needed to treat or ameliorate a condition identified in an EPSDT screen. Services may only be provided as part of Individualized Family Service Plan (IFSP)
Rehabilitative chemical dependency treatment facility services	<p>Services to treat chemical dependency that are provided in a facility, including:</p> <ul style="list-style-type: none"> Outpatient individual counseling services Outpatient group counseling services Specific opioid treatments, such as methadone and/or LAAM. 	<ul style="list-style-type: none"> To qualify for the services beneficiaries must be: <ul style="list-style-type: none"> Under 21 Chemically dependent: meet at least three of the Diagnostic Criteria for Psychoactive Substance Dependence in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders. Services must be needed to treat or ameliorate a condition identified in an EPSDT screen. Beneficiaries may receive no more than the following amounts of service without the prior approval of the Medicaid agency: <ul style="list-style-type: none"> Outpatient individual chemical dependency treatment counseling services: 26 hours/person/calendar year Outpatient group chemical dependency treatment counseling services: 135 hours/person/calendar year.

Texas

Data as of February 2004

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
School-based services	<p>Services provided by the school including the following psychological services:</p> <ul style="list-style-type: none"> Psychological tests and other assessment procedures; interpreting assessment results; obtaining, integrating and interpreting information about child behavior and conditions related to learning; Planning and managing a program of psychological services. 	<ul style="list-style-type: none"> To qualify for the services beneficiaries must be under 21 Services must be needed to treat or ameliorate a condition identified in an EPSDT screen. Services must be prescribed in the child's Individual Education Program (IEP)

Optional State Plan Services To Children Under 21

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologist services	Psychologist services are those services provided by a licensed psychologist, which are within the scope of the practices of the profession	<ul style="list-style-type: none"> Services are subject to the same coverage requirements as they would be if provided by a physician. The service must be within the practitioner's scope of practice as defined in State law Outpatient mental health services are limited per client to 30 encounters per calendar year regardless of provider unless prior authorization. This limitation includes encounters by all practitioners. Exception: laboratory, radiology, and medication monitoring services are not counted toward the 30-encounter limitation.
Licensed Master Social Worker-Advanced Clinical Practitioner services	Mental health counseling services for emotional disorders or conditions provided by a licensed master social worker-advanced clinical practitioner	<ul style="list-style-type: none"> Services are subject to the same coverage requirements as they would be if provided by another type of provider. The service must be within the practitioner's scope of practice as defined in State law Outpatient mental health services are limited per client to 30 encounters per calendar year regardless of provider unless prior authorization. This limitation includes encounters by all practitioners. Exception: laboratory, radiology, and medication monitoring services are not counted toward the 30-encounter limitation.

Texas

Data as of February 2004

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Licensed Professional Counselor	Mental health counseling services for emotional disorders or conditions provided by a licensed professional counselor	<ul style="list-style-type: none"> Services are subject to the same coverage requirements as they would be if provided by another type of provider. The service must be within the practitioner's scope of practice as defined in State law Outpatient mental health services are limited per client to 30 encounters per calendar year regardless of provider unless prior authorization. This limitation includes encounters by all practitioners. Exception: laboratory, radiology, and medication monitoring services are not counted toward the 30-encounter limitation.
Licensed Marriage and Family Therapist	Mental health counseling services for emotional disorders or conditions provided by a licensed Marriage and Family Therapist	<ul style="list-style-type: none"> Services are subject to the same coverage requirements as they would be if provided by another type of provider. The service must be within the practitioner's scope of practice as defined in State law Outpatient mental health services are limited per client to 30 encounters per calendar year regardless of provider unless prior authorization. This limitation includes encounters by all practitioners. Exception: laboratory, radiology, and medication monitoring services are not counted toward the 30-encounter limitation.

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services	<ul style="list-style-type: none"> Mental health services furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated mental hospitals. Inpatient Hospitalization for substance abuse/chemical dependency with accompanying medical condition 	<ul style="list-style-type: none"> All non-emergency admissions must be approved by the Medicaid agency's designated agent. To qualify for the services the beneficiary must be under 21.

Texas

Data as of February 2004

Rehabilitative Services		
Service	Description	Coverage Requirements
Community Support Services (CSP)	<ul style="list-style-type: none"> Services to reduce or manage symptoms and/or behaviors resulting from mental illness that interfere with an individual's ability to: <ul style="list-style-type: none"> obtain or retain employment ;or function in other role appropriate settings. Services include: <ul style="list-style-type: none"> symptom management and support services community living skills training employment related services 	<ul style="list-style-type: none"> Services may only be provided as part of an individualized plan of care developed based on the results of a uniform assessment protocol and prescribed and/or approved by a licensed practitioner of the healing arts. The plan of care must be reviewed and updated at least every 90 days. Beneficiaries residing in a nursing facility must have been determined through Preadmission (MH/MR) Screening and Annual Resident Review (PASARR) to require specialized services. Services may be provided on a one-to-one or small group basis, either on-site or in the community. Services may only be performed by a provider who is authorized by the Medicaid agency to provide this service.
Day Program Services	Site-based age-appropriate services provided to individuals, for the following purposes: <ul style="list-style-type: none"> Acute Needs Skills Training Skills Maintenance 	<ul style="list-style-type: none"> Services may only be provided as part of an individualized plan of care developed based on the results of a uniform assessment protocol and prescribed and/or approved by a licensed practitioner of the healing arts. The plan of care must be reviewed and updated at least every 90 days. Beneficiaries residing in a nursing facility must have been determined through PASARR to require specialized services. Services may only be performed by a provider who is authorized by the Medicaid agency to provide this service.
Plan of Care Oversight	Face-to-face functional assessment and/or evaluation to determine the beneficiary's continued need for and effectiveness of the Mental Health Rehabilitative Services prescribed in the individual's plan of care	<ul style="list-style-type: none"> A licensed practitioner of the healing-arts, working under the auspices of the enrolled provider and practicing within the scope of his/her licensure must perform the service. Services must be provided at least every 90 days. Services may only be performed by a provider who is authorized by the Medicaid agency to provide this service.

Targeted Case Management		
Service	Description	Coverage Requirements
Targeted Case Management (TCM)	Services to assist beneficiaries to gain access to medical, social, educational, and other appropriate services that will help them to achieve quality of life and community participation acceptable to each individual, including: <ul style="list-style-type: none"> Screening and assessment Monitoring Crisis intervention Service planning and coordination 	<ul style="list-style-type: none"> To qualify for the service, Medicaid beneficiaries must be: <ul style="list-style-type: none"> Diagnosed with one or more chronic mental disorders, except the individual may not be diagnosed solely with mental retardation At risk of institutionalization, including long-term psychiatric care in a hospital.

Texas

Data as of February 2004

Inpatient Hospital Services, Over the age of 65		
Service	Description	Coverage Requirements
Inpatient Psychiatric Services	<ul style="list-style-type: none">• Mental health services furnished in a free-standing psychiatric hospital, psychiatric units of general acute care hospitals and state-operated mental hospitals.• Inpatient Hospitalization for substance abuse/chemical dependency with accompanying medical condition.	<ul style="list-style-type: none">• All non-emergency admissions must be approved by the Medicaid agency's designated agent.• To qualify for services the individual must be age 65 or over.

SCHIP Medicaid Expansion Program

Texas Does Not Have an SCHIP Medicaid Expansion Program

Separate SCHIP Program

Who is Eligible for the separate CHIP program?

Uninsured children under age 19 from families with income up to 200% FPL who do not otherwise qualify for Medicaid.

- Families with incomes at or below 100% FPL do not pay a premium, but must pay a co-pay that varies by kind of service. Co-payments are capped at 1.25% of the family's income.
- Families with incomes of 101% FPL to 150% FPL pay a premium of \$15 per family per month, and must pay a co-pay that varies by kind of service. Co-payments are capped at 12.5% of the family's income.
- Families with incomes of 151% FPL to 185% FPL pay a premium of \$20 per family per month, and must pay a co-pay that varies by kind of service. Co-payments are capped at 2.5% of the family's income.
- Families with incomes of 186% FPL to 200% FPL pay a premium of \$25 per family per month, and must pay a co-pay that varies by kind of service. Co-payments are capped at 2.5% of the family's income.

What Mental Health/Substance Abuse Services are covered by the Separate SCHIP Program?

In Texas, the CHIP State Plan is based on secretary approved coverage. Coverage specifics for mental health and substance abuse services in the current state plan are identified here.

Texas

Data as of February 2004

Inpatient Services		
Service	Description	Coverage Requirements
Mental Health Services	Inpatient hospitalization for psychiatric conditions	<ul style="list-style-type: none">• 30 days of inpatient mental health services in a 12 month period
Substance Abuse Services	Inpatient hospitalization for substance abuse/chemical dependency	<ul style="list-style-type: none">• 5 days of inpatient detoxification/stabilization services for substance abuse in a 12 month period.• 30 days of residential treatment for substance abuse in a 12 month period.

Outpatient Services		
Service	Description	Coverage Requirements
Mental Health and Substance Abuse Services	Outpatient visits for mental health and for the diagnosis and treatment of alcoholism and substance abuse,	<ul style="list-style-type: none">• 30 outpatient visits for mental health treatment in a 12 month period.• 30 outpatient visits for substance abuse treatment in a 12 month period.

Texas

Data as of February 2004

CHIP Cost Sharing Health and Human Services Commission

At or below 100% of FPL	Amount
Enrollment Fee	\$0
Monthly Premium	\$0
Office Visit	\$3
ER	\$3
Generic Drug	\$0
Brand Drug	\$3
Co-pay Cap	1.25% (of family's income) *
Deductible, non-institutional	\$0
Deductible, institutional	\$0
Facility Co-pay, Inpatient (per admission)	\$10
Facility Co-pay, Outpatient	\$0
101% to 150% of FPL	Amount
Enrollment Fee	\$0
Monthly Premium	\$15 per mo./per family
Office Visit	\$5
ER	\$5
Generic Drug	\$0
Brand Drug	\$5
Co-pay Cap	1.25% (of family's income)*
Deductible, non-institutional	\$0
Deductible, institutional	\$0
Facility Co-pay, Inpatient (per admission)	\$25
Facility Co-pay, Outpatient	\$0
151% to 185% of FPL	Amount
Enrollment Fee	\$0
Monthly Premium	\$20 per mo./per family
Office Visit	\$7
ER	\$50
Generic Drug	\$5
Brand Drug	\$20
Co-pay Cap	2.5% (of family's income)*
Deductible, non-institutional	\$0
Deductible, institutional	\$0
Facility Co-pay, Inpatient (per admission)	\$50
Facility Co-pay, Outpatient	\$0
186% to 200% of FPL	Amount
Enrollment Fee	\$0
Monthly Premium	\$25 per mo./per family
Office Visit	\$10
ER	\$50
Generic Drug	\$5
Brand Drug	\$20
Co-pay Cap	2.5% (of family's income)*
Deductible, non-institutional	\$0
Deductible, institutional	\$0
Facility Co-pay, Inpatient (per admission)	\$100
Facility Co-pay, Outpatient	\$0

Texas

Data as of February 2004